

STATEMENT ON  
IMPROVED COVERAGE OF PREVENTIVE HEALTH BENEFITS  
IN THE MEDICARE PROGRAM

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on behalf of

The American Gastroenterological Association

BEFORE THE  
HOUSE COMMERCE COMMITTEE  
SUBCOMMITTEE ON HEALTH AND ENVIRONMENT

April 11, 1997

## Summary of Testimony

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The American Gastroenterological Association (AGA) supports H.R. 15 and S.311 which would provide Medicare coverage for colorectal cancer screening.

Medicare coverage of colorectal cancer screening is critical because about 140,000 new cases of this serious, often deadly disease occur each year. Approximately 55,000 people die from this disease annually. It is the second most deadly cancer in the U.S. – second only to lung cancer.

Colorectal cancer is largely preventable. Finding and removing the benign polyps from which most colorectal cancers develop reduces the risk of colorectal cancer by 90 percent.

Colorectal cancer screening services are covered by most managed care plans and by every major Federal employee health plan, as well as the CHAMPUS program. With the average age of diagnosis of 71, Medicare beneficiaries are very vulnerable to colorectal cancer, and should have access to screening tests under Medicare.

The major national clinical practice guidelines emphatically endorsed the importance of colorectal cancer screening for men and women aged 50 and above, and for persons at increased risk of colon cancer due to their family or personal medical histories. These guidelines recommended screening regimens, based on a patient's level of risk, including fecal occult blood tests, screening flexible sigmoidoscopy, barium enema, and colonoscopy.

The AGA strongly believes that Medicare must move in the direction of what we know works in health care today: emphasis of prevention and early treatment and empowerment of patients to help protect and manage their own health.

Providing these services under Medicare will save lives and will save Medicare dollars by preventing costly treatments and hospitalizations.

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OF  
THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION  
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Chairman Bilirakis, Members of the Subcommittee. I am Dr. Peter Traber, T. Grier Miller Professor of Medicine and Genetics, Chief of Gastroenterology Division, University of Pennsylvania. Thank you for the opportunity to testify on behalf of the American Gastroenterological Association, a professional society of over 8,000 clinicians, educators, and researchers specializing in gastroenterological diseases and conditions. The AGA strongly supports H.R. 15, the "Medicare Preventive Benefits Improvement Act of 1997" as critically important to help thousands of older Americans avoid the pain and devastating death of colorectal cancer.

***COLORECTAL CANCER SCREENING SAVES LIVES***

Several years ago, the AGA joined with the American Society for Gastrointestinal Endoscopy and the American Association for the Study of Liver Diseases in the Digestive Health Foundation. Our mission is to deliver a message of vital importance to the public, namely, that:

- colorectal cancer is serious and often deadly. About 140,000 new cases occur each year, and 55,000 people die from this cancer. It is the second deadliest cancer in this country for both men and women, second only to lung cancer.
- colorectal cancer is often preventable. Most of these cancers develop from benign polyps. Finding and removing these polyps reduces the risk of colorectal cancer by up to an impressive 90 percent.
- For men and women 50 years or older, as well as those with a family history of cancer, getting a colorectal cancer screening test is one of the best steps they can take to protect their health. In fact, it is estimated that widespread compliance with colorectal cancer screening could save the lives of more than a quarter of a million Americans each year.

Earlier this year, major national clinical practice guidelines emphatically endorsed the importance of colorectal cancer screening for men and women aged 50 and above, and for persons at increased risk of colon cancer due to their family or personal medical histories. These guidelines, produced by the American Gastroenterological Association, the American College of Gastroenterology, the American Society of Colon and Rectal Surgeons, the American Society for Gastrointestinal Endoscopy, and the Society of American Gastrointestinal Endoscopic Surgeons, included a rigorous review of the scientific literature on the efficacy of screening to detect colorectal cancer.

To produce these guidelines, an independent panel of 16 experts representing the fields of medicine, nursing, consumer advocacy, health care economics, behavioral sciences, and radiology

studied 3,500 peer-reviewed, published papers analyzing the performance, effectiveness, patient acceptance, cost-effectiveness and outcome of screening tests in use. The panel's findings were unequivocal: colorectal cancer screening saves lives, and screening tests should be encouraged for both average and high-risk populations. Mr. Chairman, I have attached to my statement a chart summarizing the methods of screening set forth by the guidelines. I ask that this and a copy of the clinical guidelines, published in the February issue of *Gastroenterology*, be included in the record.

The message of the science and our public education campaign is clear: we have the weapons to fight and defeat colorectal cancer for thousands of older Americans. Through the Digestive Health Initiative, we are doing all we can to educate the public on the importance of colorectal cancer screening.

But education does little good when cost is a significant barrier to patients who want to get these important medical tests. And that is the problem Medicare beneficiaries face today.

Despite the fact that older Americans are very vulnerable to colon cancer and the average age of diagnosis of this deadly disease is 71, the Medicare program lags behind other payers in covering colorectal cancer screening. Most managed care plans and every major Federal employee health care plan provide coverage for screening tests. Last year, the Congress directed the CHAMPUS program to cover colorectal cancer screening tests and the program will now cover these screening services for all beneficiaries from age 50, and from age 40 for those at increased risk of developing colon cancer.

The preventive services provided by H.R. 15 will move Medicare significantly in the direction of what we know works well in health care today: prevention and early treatment and empowering patients to help protect and manage their own health. With regard to colorectal cancer screening, H.R. 15 provides for:

- a fecal occult blood test annually;
- a screening flexible sigmoidoscopy every four years;
- and for those who, because of family history or personal history or other predisposing factors, are at increased risk of developing colorectal cancer, a thorough examination by colonoscopy once every two years.

Medicare coverage of screening regimens such as these represents an enormous step toward the goal of promoting cancer prevention for older Americans.

### ***COLORRECTAL CANCER SCREENING WILL SAVE MEDICARE DOLLARS***

Coverage of colorectal cancer screening will also save money for Medicare. The national guidelines panel concluded that screening and surveillance for colon cancer is as cost-effective as many other screening tests, such as mammography, and yields a high return on investment in terms of lives saved. The costs of screening will, over the long term, be easily offset by decreased hospitalizations and costly treatments for cancers that were not detected early. Managed care companies and private health care plans have recognized that colorectal cancer screening makes

good financial sense and with possible insolvency right around the corner, Medicare simply cannot afford not to do the same.

Mr. Chairman, I can assure you that among the worst news that a doctor must deliver to a patient is that he or she has a life-threatening cancer that could have been prevented. This is a tragedy that we can avoid by encouraging and providing screening for Medicare patients. H.R. 15 is a win-win proposition for both older Americans and the government: patients' lives are saved and dollars are saved for Medicare through screening.

The American Gastroenterological Association is working actively in a coalition of more than 40 professional and patient groups in support of H.R. 15, and we look forward to working closely with you to secure its passage. Again, thank you for this opportunity to testify on behalf of the AGA.